



# Worker's Compensation

## Data Collection Form

### DEMOGRAPHIC INFORMATION

Employee (Last, First MI): \_\_\_\_\_ ID: \_\_\_\_\_

Gender: M / F

Date of Birth: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

### RETIREMENT (IDR) INFORMATION

Date of Separation/IDR: \_\_\_\_\_

Rank when Retired: \_\_\_\_\_

Reason for IDR (Injury/Illness): \_\_\_\_\_

Single Event /Cumulative (#121s: \_\_)

### CLAIM INFORMATION

Date of injury: \_\_\_\_\_

Date of Claim: \_\_\_\_\_

Rank when claim filed: \_\_\_\_\_

Preventable / Non-preventable

Location at time of injury (Area/Division): \_\_\_\_\_ / \_\_\_\_\_

Description of injury: \_\_\_\_\_

Cause of injury: \_\_\_\_\_

Assignment when claim filed (circle up to two):

Field

Admin

Investigator

Supervisor / Manager

Pending discipline? Y / N

Total # other 121s filed NOT related to IDR: \_\_\_\_\_

Documents Reviewed and Attached to File (if not attached, explain why):

\_\_\_ 121s Related to IDR

\_\_\_ 3301s Related to IDR

\_\_\_ Field Folder

Notes

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## Case Evaluation Form

### Category I Items (mandatory detailed review)

- ☐ Rank A/Chief or higher
- ☐ Internal Investigation in progress prior to separation
- ☐ Mechanism of injury not consistent w/severity
- ☐ Injury actually job related unclear
- ☐ Multiple claims filed within 30 day period
- ☐ Discrepancy between injury description on 3301 & CHP 121
- ☐ Questionable (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Other fraud indicators: \_\_\_\_\_  
\_\_\_\_\_

### Category II Items (2 or more = mandatory detailed review)

- ☐ Not witnessed
- ☐ Cumulative injury
- ☐ Late reported
- ☐ Assignment & injury inconsistent
- ☐ Details vague/unverifiable
- ☐ Claims submitted when employee 48 yrs or older
- ☐ Violation of HPM 10.7/Discrepancy in processing (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Category III Items (no further review)

- ☐ Presumptive injury (cardio, cancer)
- ☐ Injury obviously valid

### Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_